

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-014358

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 43 Primary Registration District No. 3002 Registrar's No. 743

VS 300  
Rev. 4/59

10128  
29030

3

4 0

5 1

6

7 1

8 2

94500

10

11

124-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. <b>FILED MAY 7 1962</b>		2. <b>USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Butler</b>		a. STATE <b>Ark</b> b. COUNTY <b>Clay</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Poplar Bluff</b>		c. CITY OR TOWN <b>Carryville</b>	
Length of stay in lb <b>6 days</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Poplar Bluff Hosp tal</b>		d. STREET ADDRESS (If outside, give location)	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. <b>NAME OF DECEASED</b> First Middle Last <b>Cecial Charlie Turner</b>		4. <b>DATE OF DEATH</b> Month Day Year <b>April 29 1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. <b>DATE OF BIRTH</b> 9. <b>AGE</b> (last birthday) <b>4-29-02 60</b>
10a. <b>USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. <b>KIND OF BUSINESS OR INDUSTRY</b>	
11a. <b>FATHER'S NAME</b> <b>Jack Turner</b>		11b. <b>MOTHER'S MAIDEN NAME</b> <b>Nancy Cantrell</b>	
12a. <b>WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		12b. <b>INFORMANT</b> Address <b>Ogie Turner Carryville, Ark</b>	
13. <b>CAUSE OF DEATH</b> (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardiac Failure</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis and a Rht. heart disease</b> DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <b>approximately 2 yrs</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Uremia</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. <b>WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. <b>ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	20b. <b>DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)	
20c. <b>TIME OF INJURY</b> Hour a.m. p.m. Month, Day, Year	20d. <b>INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>		
20e. <b>PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. <b>CITY, TOWN, OR LOCATION</b> COUNTY STATE	
21. I attended the deceased from <b>1960</b> to <b>April 29, 1962</b> and last saw him alive on <b>April 29, 1962</b> Death occurred at <b>4:30 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. <b>SIGNATURE</b> (Degree or title) <b>William J Turner MD</b>	
22b. <b>ADDRESS</b> <b>21504 25 Poplar Bluff, Mo</b>		22c. <b>DATE SIGNED</b> <b>5/1/62</b>	
23a. <b>BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	23b. <b>DATE</b> <b>5-2-62</b>	23c. <b>NAME OF CEMETERY OR CREMATORY</b> <b>Piggott Cemetery</b>	23d. <b>LOCATION</b> (City, town, or county) (State) <b>Piggott, Clay Ark</b>
24. <b>FUNERAL DIRECTOR</b> ADDRESS <b>Russell Mortuary Gideon, Mo</b>		25. <b>DATE RECD. BY LOCAL REG.</b> 26. <b>REGISTRAR'S SIGNATURE</b> <b>5/6/62. Thelma Graham</b>	

MAY 24 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by me, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Gerald W. Hoggard

Licensed Embalmer No. 1116 Ark

P. O. Address Foggath Ark

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.